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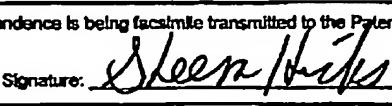
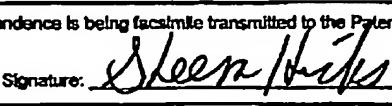
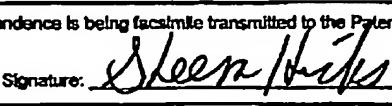
JUL 25 2006

PTO/SB/31 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | | | | | | | | |
|--|--|---|--|--|--|---|---|---|----------------------------------|--|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 333772000900 | | | | | | | | |
| In re Application of Ankan PRAMANICK et al. | | | | | | | | | | |
| Application Number 10/772,327 | | Filed February 6, 2004 | | | | | | | | |
| For METHOD AND APPARATUS FOR TESTING INTEGRATED CIRCUITS | | | | | | | | | | |
| Art Unit 2863 | | Examiner S. Kundu | | | | | | | | |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | | | | | | | | |
| The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00 | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ | | | | | | | | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | | | | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952 . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | | | | | | | | | |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | | | | | | | | |
| I am the <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> applicant/inventor.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td> <td>Thomas Chan Typed or printed name</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent of record.</td> <td><input type="checkbox"/> (650) 813-5616 Telephone number</td> </tr> <tr> <td>Registration number _____</td> <td><input type="checkbox"/> July 25, 2006 Date</td> </tr> </table> | | | <input type="checkbox"/> applicant/inventor. |  | <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | Thomas Chan Typed or printed name | <input type="checkbox"/> attorney or agent of record. | <input type="checkbox"/> (650) 813-5616 Telephone number | Registration number _____ | <input type="checkbox"/> July 25, 2006 Date |
| <input type="checkbox"/> applicant/inventor. |  | | | | | | | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | Thomas Chan Typed or printed name | | | | | | | | | |
| <input type="checkbox"/> attorney or agent of record. | <input type="checkbox"/> (650) 813-5616 Telephone number | | | | | | | | | |
| Registration number _____ | <input type="checkbox"/> July 25, 2006 Date | | | | | | | | | |
| <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number 61,543 | | | | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | | | | |
| <input checked="" type="checkbox"/> *Total of 1 forms are submitted. | | | | | | | | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-6300, on the date shown below. <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td>Dated: July 25, 2006</td> <td>Signature: </td> <td>(Sheena Hicks)</td> </tr> </table> | | | Dated: July 25, 2006 | Signature:  | (Sheena Hicks) | | | | | |
| Dated: July 25, 2006 | Signature:  | (Sheena Hicks) | | | | | | | | |

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 500.00)

Complete If Known

| | |
|----------------------|------------------|
| Application Number | 10/772,327 |
| Filing Date | February 6, 2004 |
| First Named Inventor | Ankan PRAMANICK |
| Examiner Name | S. Kundu |
| Art Unit | 2863 |
| Attorney Docket No. | 333772000900 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |

2. EXCESS CLAIM FEESFee DescriptionEach claim over 20 (including Reissues) 50 25Each independent claim over 3 (including Reissues) 200 100Multiple dependent claims 360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|----------|
| 24 | - 24 = 0 | x 200.00 | = 0.00 | | 360.00 | 0.00 |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 1 | - 3 = 0 | x 50.00 | = 0.00 |

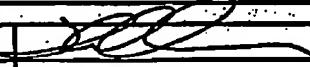
HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|---------------------------------------|---------------|
| 0 | - 100 = 0 | /50 0 | (round up to a whole number) x 250.00 | = 0.00 |

4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1401 Notice of appeal 500.00

| | | | | |
|-------------------|---|--------------------------------------|---------------|--------------------------|
| SUBMITTED BY | | | | |
| Signature |  | Registration No. (Attorney/Agent) | 51,543 | Telephone (650) 813-5616 |
| Name (Print/Type) | Thomas Chan | Date | July 25, 2006 | |

pa-1082286

PAGE 3/11 * RCVD AT 7/25/2006 6:15:46 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-5/0 * DNIS:2738300 * CSID:650 813 5993 * DURATION (mm:ss):03:48

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006 | | Complete If Known | |
| | | Application Number 10/772,327 | |
| | | Filing Date February 6, 2004 | |
| | | First Named Inventor Ankan PRAMANICK | |
| | | Examiner Name S. Kundu | |
| | | Art Unit 2863 | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. 333772000900 | |
| TOTAL AMOUNT OF PAYMENT (\$) 500.00 | | | |

METHOD OF PAYMENT (check all that apply)

| |
|---|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 03-1952 Deposit Account Name Morrison & Foerster LLP |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| |
|---|
| <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments |

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |

2. EXCESS CLAIM FEES

Fee Description

| | | |
|--|-----|-----|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|--------------|--------------|----------|---------------|---------------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| 24 | - 24 = 0 | x 200.00 | = 0.00 | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20.

| | | | | | |
|---------------|--------------|----------|---------------|----------|---------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Fee (\$) | Fee Paid (\$) |
| 1 | - 3 = 0 | x 50.00 | = 0.00 | 360.00 | 0.00 |

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|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| 0 | - 100 = 0 | 50 0 (round up to a whole number) x 250.00 | = 0.00 | |

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **1401 Notice of Appeal** **500.00**

| | | | | |
|---------------------|---|--|--------------------------------------|----------------|
| SUBMITTED BY | | | | |
| Signature |  | | Registration No. (Attorney/Agent) | 51,543 |
| Name (Print/Type) | Thomas Chan | | Telephone | (650) 813-5816 |
| | | | Date | July 25, 2006 |

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